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FAX TRANSMISSION**DATE:** January 21, 2005**PTO IDENTIFIER:** Application Number 10/002,536-Conf. #3282
Patent Number**Inventor:****MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** RADER, FISHMAN & GRAUER PLLC
James F. Kamp**PHONE:** (248) 594-0656**Attorney Dkt. #:** 65446-0087**PAGES (Including Cover Sheet):** 28**CONTENTS:** Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment Transmittal (1 page)
Response to Office Action (24 pages)
Facsimile Cover Sheet (1 page)
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RADER, FISHMAN & GRAUER PLLC
39533 Woodward Avenue, Suite 140, Bloomfield Hills, Michigan 48304
Telephone: (248) 594-0600 Facsimile: (248) 594-0610

PTO/SB/97 (09-04)

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Application No. (if known): 10/002,536

Attorney Docket No.: 65446-0087

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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

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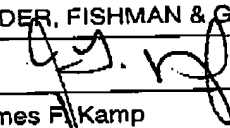
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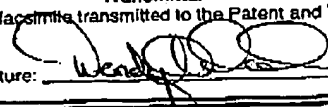
<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/002,536-Conf. #3282
		Filing Date	November 1, 2001
		First Named Inventor	Michael D. Kane
		Art Unit	1637
		Examiner Name	C. B. Wilder
Total Number of Pages in This Submission	28	Attorney Docket Number	65446-0087

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition for Extension of Time (3 months) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Amendment Transmittal Facsimile Cover Sheet Certificate of Transmission
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	RADER, FISHMAN & GRAUER PLLC		
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Printed name	James F. Kamp		
Date	January 21, 2005	Reg. No.	41,882

Transmittal	
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